

<b>AMENDMENT TRANSMITTAL LETTER</b>				Docket No. MED-032C4
Application No. 10/606,409	Filing Date June 25, 2003	Examiner A. R. Reimers	Art Unit 3733	
Applicant(s): Samuel M. Shaolian				
Invention: TRANSPEDICULAR INTERVERTEBRAL DISC ACCESS METHODS AND DEVICES				
<b>TO THE COMMISSIONER FOR PATENTS</b>				
Transmitted herewith is an amendment in the above-identified application.				
The fee has been calculated and is transmitted as shown below.				
<b>CLAIMS AS AMENDED</b>				
<b>Total Claims</b>	<b>Claims Remaining After Amendment</b>	<b>Highest Number Previously Paid</b>	<b>Number Extra Claims Present</b>	<b>Rate</b>
Total Claims	19	- 20 =	0	x 50.00 0.00
Independent Claims	5	- 3 =	2	x 200.00 400.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>				
Other fee (please specify):				
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</b>				400.00
<input checked="" type="checkbox"/> Large Entity		<input type="checkbox"/> Small Entity		
<input type="checkbox"/> No additional fee is required for this amendment.				
<input checked="" type="checkbox"/> Please charge Deposit Account No. 07-1700 in the amount of \$ 400.00 . A duplicate copy of this sheet is enclosed.				
<input type="checkbox"/> A check in the amount of \$ _____ to cover the filing fee is enclosed.				
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.				
<input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. 07-1700 as described below. A duplicate copy of this sheet is enclosed.				
<input type="checkbox"/> Credit any overpayment.				
<input type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.				
/Eleanor M. Hynes/ Eleanor M. Hynes Attorney/Agent Reg. No.: 58,013		Dated: August 27, 2007		
GOODWIN PROCTER LLP 901 New York Avenue, NW Washington, DC 20001 (202) 346-4000				